

TSCA / AHERA ENVIRONMENTAL EFFICIENCY DATA FORM

Inspection Date: 3/3/11

Inspector Name: Herb Hilleary

NESHAP Inspection: Yes _____ No X (Check one)

School (Site) Name: Buckhannon Upshur High School

Address: 50 B. U. Drive

City: Buckhannon State: WV

Zip Code: 26201 Site County: Upshur

SN of the School: 48%
(Title I %)

TSI (Check One) High _____ Medium High X Medium _____
(ECI) Medium Low _____ Low _____

School District (Name of City) Buckhannon

Poverty % of School District 24%
(Title I %)

No. of Students: 1140 No. of Staff: 108

Revised: 11/09

✓



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES

Earl Ray Tomblin
Governor

Michael J. Lewis, MD, PhD
Cabinet Secretary

MEMORANDUM

TO: Anthony Turner, Assistant Director
Radiation, Toxics and Indoor Air Division

FROM: Herb Hilleary (+H)
Environmental Inspector

DATE: March 8, 2011

RE: AHERA- (LEA) Upshur County Schools

On March 3, 2011, I conducted an inspection of Buckhannon Upshur High School in Upshur County West Virginia. I was accompanied on the review of the management plan and walk through inspection of the facility by Mr. William Guthrie, Director of Maintenance Upshur County Schools.

The LEA appears to be in compliance with AHERA, Federal and State regulations.

The inspection reports are enclosed for your review. If you have any questions, please contact me.

hjh

Enclosures

Upshur County Schools

350 Capitol Street, Room 313
Charleston, West Virginia 25301-3713
Telephone: (304) 558-2981
Fax: (304) 558-1291

AHERA INSPECTION TRACKING SHEET | FY 2011

Inspection Number: FY-11-050

Date Received: 3-10-11

☒ Proofread 5/25/11 WVD

☒ Copied 5/25/11 WVD

☒ Entered in D-base 3-10-11 BAD

☒ Entered Letter for EPA 3-10-11 BAD

☒ Entered in Chary for Quarterly Report 3-10-11 BAD

Date Sent to EPA: _____

Comments: _____

EPA INSPECTION CONCLUSION DATA SHEET (ICDS) FORM

Number of days physically conducting activity: _____ or

Number of hours physically conducting activity: _____ 4 _____

Compliance Monitoring Action Outcome: **Available Monitoring Action** **Check One:**

_____ Immediately Corrected	_____ No compliance monitoring (access denied)
<u>X</u> No violations	_____ No compliance monitoring (facility shut down)
_____ Under review	_____ No immediately corrected

Did you observe deficiencies (potential violations) during the on-site inspection?

Yes _____ If yes, you must answer the following two questions

No X If no, you cannot answer the following two questions

Deficiencies:

Available Deficiency

Check One:

_____ Potential excess emission in violation of regulations
_____ Potential failure to complete or submit a notification, report, certification, or manifest
_____ Potential failure to follow a permit condition(s)
_____ Potential failure to follow a required sample monitoring procedure or lab procedure
_____ Potential failure to follow or develop a required mgmt practice or procedure
_____ Potential failure to identify and manage a regulated waste or pollutant in any media
_____ Potential failure to maintain a record or failure to disclose a document
_____ Potential failure to maintain/inspect/repair meters, sensors and recording equipment
_____ Potential failure to obtain a permit, product approval, or certification
_____ Potential failure to report regulated events such as spills, accidents, etc.
_____ Potential incorrect use of material (pesticides, waste products) or use of unapproved material
_____ Potential violations of a compliance schedule in an enforceable order

If you observed deficiencies, did you communicate them to the facility during the inspection?

_____ Yes. If yes, you must answer the next question

_____ No. In no, you cannot answer the next question

If yes, what actions were taken:

Available Actions Taken

Check One:

_____ Complete(d) a Notification or Report
_____ Corrected Monitoring Deficiencies
_____ Implemented New or Improved Management Practice or Procedures
_____ Improved Pollutant Identification (e.g., Use Reduction, Indstrl Process Change, Emissions or Discharge change, etc.)
_____ Request(ed) a Permit Application or Applied for a Permit
_____ Verified Compliance with Previously Issued Enforcement Action-Part or all Conditions

Did you provide general compliance assistance in accordance with the policy on the Role of Compliance Assistance during inspections? X Yes _____ No

Did you provide site-specific compliance assistance in accordance with the policy of the Role of providing Compliance Assistance during inspections? X Yes _____ No

Summary Comments: Enter any comments relevant to this inspection. (Not a mandatory field.)



US ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

TOXIC SUBSTANCES CONTROL ACT

NOTICE OF INSPECTION

1. INVESTIGATION IDENTIFICATION			3. FACILITY NAME
DATE 3-3-11	INSPECTOR'S NO. WV021	DAILY SEQ. NO. 01	Upshur County School District Buckhannon Upshur High
2. INSPECTOR'S ADDRESS Environmental Health Services Radiation, Toxics and Indoor Air Division 350 Capitol Street, Room 313 Charleston, West Virginia 25301-3713			4. FACILITY ADDRESS 102 Smithfield Street Buckhannon, WV 26201

For Internal EPA Use. Copies may be provided to recipient as acknowledgment of this notice.

REASON FOR INSPECTION

Under the authority of Section 11 of the Toxic Substances Control Act:

☒ For the purpose of inspecting (including taking samples, photographs, statements, and other inspection activities) an establishment, facility, or other premises in which chemical substances or mixtures, articles containing same are manufactured, processed, stored or held before or after their distribution in commerce (including records, files, papers, processes, controls, and facilities) and any conveyances being used to transport chemical substances, mixtures, or articles containing same in connection with their distribution in commerce (including records, files, papers, processes, controls, and facilities) bearing on whether the requirements of the Act are applicable to the chemical substances, mixtures, or articles within, or associated with, such premise or conveyance have been complied with.

☐ In addition, this inspection extends to (check appropriate blocks):

☐ A. Financial data

☐ D. Personnel data

☐ B. Sales data

☐ E. Research data

☐ C. Pricing data

The nature and extent of inspection of such data specified in A through E above is as follows:

INSPECTOR'S SIGNATURE <i>Herb Hilleary</i>		RECIPIENT'S SIGNATURE <i>William Guthrie</i>	
NAME Herb Hilleary		NAME William Guthrie	
TITLE Environmental Inspector	DATE SIGNED 3-3-11	TITLE Director of Maintenance	DATE SIGNED 3-3-11



TOXIC SUBSTANCES CONTROL ACT

RECEIPT FOR SAMPLES AND DOCUMENTS

1. INVESTIGATION IDENTIFICATION			2. COMPANY NAME
DATE 3-3-11	INSPECTOR'S NO. WV021	DAILY SEQ. NO. 01	Upshur County School District Buckhannon Upshur High
3. INSPECTOR'S ADDRESS Environmental Health Services Radiation, Toxics and Indoor Air Division 350 Capitol Street, Room 313 Charleston, West Virginia 25301-3713			4. COMPANY ADDRESS 102 Smithfield Street Buckhannon, WV 26201

For internal EPA use. Copies of this form may be provided to recipient as acknowledgment of the documents and samples of chemical substances and/or mixtures described below collected in connection with the administration and enforcement of the Toxic Substances Control Act.

RECEIPT OF DOCUMENT(S) AND/OR SAMPLE(S) DESCRIBED IS HEREBY ACKNOWLEDGED:

NO.	DESCRIPTION
01	COPY OF LAST REINSPECTION
02	COPY OF NOTIFICATION PARBNTS

OPTIONAL:

DUPLICATE OR SPLIT SAMPLES: REQUESTED AND PROVIDED

NOT REQUESTED

INSPECTOR SIGNATURE

Herb Hilleary

CLAIMANT SIGNATURE

William Guthrie

NAME

Herb Hilleary

NAME

William Guthrie

TITLE

Environmental Inspector

DATE SIGNED

3-3-11

TITLE

Director of Maintenance

DATE SIGNED

3-3-11

Summary of Observations

The following potential deviations from the requirements of the Toxic Substances Control Act and regulations promulgated thereto were observed during this inspection:

- This summary of Observations is provided to bring to your attention those areas of concern at the earliest possible time. It is not intended to be a complete list of potential deviations from the requirements of the Toxic Substances Control Act and regulations thereto, but rather a list of those conditions of immediate concern and/or those readily apparent.

Inspectors Signature <i>Hab Hilley</i>	Recipient's Signature <i>William Guthrie</i>
Title Environmental Inspector Date 3-3-11	Title Director of Maintenance Date 3-3-11



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

AHERA COMPLIANCE INSPECTION

INSPECTOR NUMBER: WV021
INSPECTOR NAME: Herb Hilleary

DATE: 3/3/11.

Local Education Agency Information (LEA)

Name: Upshur County Schools
Address: 102 Smithfield Street, Buckhannon WV 26201-0580

Superintendent/Headmaster: Mr. Scott Lampinen Phone: 304-472-5480

School Board President: Pat Long Phone: NA
Designated Person: William Guthrie Date designated: 7/11/2000

LEA number of
Schools: 10 Students: 3868 Employees: 544

LEA IS: Public X Private

Credentials presented to: William Guthrie

Reason For Inspection of LEA: The purpose of this inspection is to determine if the LEA is in compliance with the requirements of the Asbestos Hazard Emergency Response Act (AHERA), codified in 40 CFR Part 763, Subpart E.

AHERA INSPECTION:

- ☒ Randomly Selected Neutral Inspection
☐ Complaint (Employee, Parent, Other)
☐ Referral from other Federal or State agency
☐ Other:
☐ Worker Protection Inspection: If Response Action performed by public employees (Separate Report)



OPENING CONFERENCE

LEA Representative(s) Present:

Name: William Guthrie Title: Supervisor of Maintenance Phone# 304-439-1831
Name: _____ Title: _____ Phone# _____
Name: _____ Title: _____ Phone# _____

Conference Questions

1. Does LEA have a management plan (MP) for each school building?
X Yes ___ No
2. Does each school have updated copies of MP(s)?
X Yes ___ No
3. Amount of ACBM ranges:
X >3000 square feet or >1000 linear feet
___ >160 square feet or >260 linear feet
___ <160sqft or <260lft
4. Are parents, teachers, and employee organizations notified of MP's availability & all asbestos activities?
X Yes ___ No
5. How often are these notifications and by what medium (*news paper, mailers, etc.*)?
___ Yearly / Student handbook.
6. Does the LEA perform surveillance on the ACBM's condition in each school?
X Yes ___ No
How often? Every 6 months
7. Are school buildings reinspected?
X Yes ___ No
How often? Every 3 years
8. What training has the designated person received?
Inspector and management planer
9. Are there records to support this?
X Yes ___ No
10. Who of the LEA's maintenance staff received training and what type?
All have the awareness training. Matt Friend, Mike Bosley, have the worker training.
11. Where are these records kept?
In the management plan book
12. Have asbestos response actions been performed since 1987?
X Yes ___ No

Conference Questions

Review Record Keeping [40 CFR 763.94...]

13. Are records for preventative measures & response actions kept in centralized location in the administrative office of both the school & the LEA as part of the MP?
 X Yes No
14. Is there a written description of the action taken?
 X Yes No
15. Is there a description of methods used?
 X Yes No
16. Location of action given
 X Yes No

Comments:

SCHOOL INSPECTIONDate of Inspection: 3/3/11.School Name & address: Buckhannon Upshur High
50 B. U. Drive
Buckhannon, WV 26201Principal: Bob WilmothPhone #: 304-472-3720Number of occupants? Students: 1140 Employees: 108

If school building(s) leased, list the owner's name and address:

Owner's Name: _____

Address: _____

Phone#: _____

Total number of buildings Three.Grades (i.e., k, k-12) 9-12

Building Name: Main Bldg

INCL in MP?: Yes X No _____

Construction Date: 1977

If No, date first used as a school:

Building Name: Mine Driving tower

INCL in MP?: Yes X No _____

Construction Date: 1977

If No, date first used as a school:

Building Name: Field House

INCL in MP?: Yes X No _____

Construction Date: NA

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Building Name:

INCL in MP?: Yes _____ No _____

Construction Date:

If No, date first used as a school:

Location of MP: Principals office

MANAGEMENT PLAN INFORMATION

1. Is Management Plan available?
☒ Yes ☐ No (**explain**) _____.
- Date of MP: Oct. 1988 .
Company name/address: Upshur County Schools .
102 Smithfield Street,
Buckhannon WV 26201-0580
- Date of inspection: 9/15/88 .
Inspector(s): Gary Williams .
Accreditation State & No.: MPI-042 / WV .
Inspector(s): Ralph Davidson .
Accreditation State & No.: MPI-023 .
Management Planner name: Gary Williams .
Accreditation State & No.: MPI-042 / WV .

Alice Hamilton Occupational Health Center

2. What type and amount of Asbestos-Containing Building Material (ACBM) is located in LEA's school building(s) (*Obtain copies from management plan*)?
Stage lights wiring and driving tower exterior soffit
3. Are training records for all maintenance and custodial staff included with the MP?
☒ Yes ☐ No
4. Are state accreditation or training records for all persons involved in major asbestos activities included with the MP?
☒ Yes ☐ No
5. Are periodic surveillance records included with the MP?
☒ Yes ☐ No
6. Are reinspection records included with the MP?
☒ Yes ☐ No
7. Were samples collected of surfacing materials?
☐ Yes ☒ No
8. Is Laboratory that performed analysis of bulk sample(s) accredited (NVLAP).
☒ Yes ☐ No
9. List the NVLAP accreditation number 3504 .
10. If yes to question 7, were the appropriate number of samples taken?
3 from each Homogeneous Area 1,000 sqft
☐ Yes ☐ No
5 from each Homogeneous Area >1,000sqft but <5,000sqft
☐ Yes ☐ No
7 from each Homogeneous Area >5,000sqft
☐ Yes ☐ No

11. List and or obtain copies from **Last** reinspection performed:
Date of inspection, firm name and address, inspector(s) name, accreditation state/number, & training information management planner's name, accreditation state/number, & training information.

List of dates from all reinspections: 8/13/1991 - 8/11/1994 - 8/22/1997 - 8/25/2000 - 6/3/2003 - 1/12/2007 - 7/22/10

12. Review inspection/reinspections condition assessments for ACBM. Is any ACBM listed as significantly damaged or damaged?
☐ Yes ☒ No
13. If yes to question to question 12, Did the management planner make recommendations for response actions?
☐ Yes ☐ No
Did the LEA complete these response actions in the time frame suggested?
☐ Yes ☐ No
Are there records documenting these response actions?
☐ Yes ☐ No
14. Perform a walk through of each functional space (room/location) that was identified with ACBM and verify that response actions address the recommendations of the management planer.

Inspector Signature: _____

Steve Stille

Date: 3/3/11

RESPONSE ACTIONS:

Only to be completed if response action being performed during inspection

- Type:
☐ Encapsulation ☐ Removal ☐ O&M other than short-scale, short duration
☐ Enclosure ☐ Repair ☐ Major fiber release
- Location of Response Action in school
 Building Floor /Room #
- Type of ACBM: ☐ Surfacing Material ☐ Thermal System Insulation
☐ Miscellaneous
- Size of project(square/linear feet):
- Start/completion dates of project:
- Response Action completed by:
☐ School Employees (if so, at a **public** school, conduct a separate Worker Protection Inspection)
☐ Contractor(provide company name, address, and telephone number, also list names of supervisors and workers along with their State/accreditation #, expiration date, and if no State/accreditation #, then list name of course provider)
- Was air testing performed at the completion of the Response Action
- Air monitoring (name of person collecting air samples, company name/address/phone # affiliated with,)
- Did person collecting air samples provide their signature?
☐ Yes ☐ No
- Date air testing performed
- Date air tests analyzed
- What type of analysis was performed
☐ TEM ☐ PCM
- Name & address of Laboratory that performed the analysis.
- Name of analyst
- Did analyst provide their signature
☐ Yes ☐ No
- Is there a statement that the laboratory meets the applicable requirements of §763.90(i)(2)(ii).
☐ Yes ☐ No